

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1957

46313
STATE FILE NUMBER
12042

Registration District No. 318 Primary Registration District 1003

Registration No.

| | | | | | |
|--|---------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp. | | Length of stay in lb | | STREET ADDRESS 6143 Tennessee (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Paul E. Schujahn, Sr. | | | 4. DATE OF DEATH Month Day Year Dec. 13, 1957 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jul. 16, 1889 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Union Electric Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Kentucky | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13. FATHER'S NAME Ludwig Schujahn | | |
| 14. MOTHER'S MAIDEN NAME Marie Fehland | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | |
| 16. SOCIAL SECURITY NO. 493-05-0351a | | | 17. INFORMANT Address Flora Schujahn 6143 Tennessee | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 491x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 20b. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | 20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 1942 to Dec. 13, 1957 and last saw her alive on Dec. 13, 1957 Death occurred at 10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Frank Swedzky (Deputy or title) | | 22b. ADDRESS 8818 Gravois | | 22c. DATE SIGNED 12/16/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 12-16-57 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | |
| 23d. LOCATION (City, town, or county) Lemay 23, Mo. | | 23e. DATE RECD. BY LOCAL REG. DEC 16 57 | | 23f. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. M. J. B. | |
| 24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo. | | | | | |

Dr. Frank Swecosky

8818 Gravois,

1 to 4 p.m.

mo 4-8-67

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... David Van Pelt

Licensed Embalmer No. 45

P. O. Address..... St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.